#### APPROVAL OF CONSENT AGENDA

# TOWN OF DAVIE TOWN COUNCIL AGENDA REPORT

**TO:** Mayor and Councilmembers

**FROM/PHONE:** Bruce Taylor/954-327-3741

**PREPARED BY:** Heidi G. Klemm

**SUBJECT:** Resolution

**AFFECTED DISTRICT:** Townwide

ITEM REQUEST: Schedule for Council Meeting

TITLE OF AGENDA ITEM: CONTRACT RENEWAL - A RESOLUTION OF THE TOWN OF DAVIE, FLORIDA, APPROVING A RENEWAL TO THE CONTRACT AWARDED BY BROWARD COUNTY, CONTRACT EX07-333M2, FOR MAINTENANCE OF GENERATORS.

**EXECUTIVE SUMMARY:** The Town is in need of maintenance of generators for the Police, Fire, Utilities, and Public Works Departments. Broward County awarded the bid to All Power Generators in March 2008; the original contract was for one year with two one year renewal options. This is the final renewal option of the County bid. The Town did not bring a resolution to Council for the first two years of the contract as our costs were not anticipated to exceed the threshhold of \$25,000 per year. We do anticipate, however, that additional maintenance will be needed on several generators this year and are, therefore, requesting Council approval of this contract for the final renewal term of one year.

#### **KEY POINTS:**

- This contract was awarded after a competitive bidding process by Broward County for maintenance of generators in March 2008
- Original contract term was for one year with two one year renewal options.
- This is the final renewal option on the current contract.
- Cost of inspections \$50 each
- Repair service \$32.50 per hour
- Parts at actual cost
- Contract term is for one year (3/28/10 thru 3/27/11)

• All Power Generators Corp. has agreed to extend the same contract terms to the Town of Davie

**CONCURRENCES:** N/A

#### **FISCAL IMPACT:** Yes

Has request been budgeted? Yes

If yes, expected cost: \$50 per visit/generator; \$32.50 per hour for labor

Account name and number: Operating budget of using department

Additional Comments:

**RECOMMENDATION(S):** Motion to approve resolution

**Attachment(s):** Resolution, Letter from All Power Generators Corp., Broward County Bid Extension documents, Procurement Authorization, Piggyback Bid Checklist, W-9 Form, Vendor/Bidder Disclosure, Corporation Search

#### RESOLUTION NO.

A RESOLUTION OF THE TOWN OF DAVIE, FLORIDA, APPROVING A RENEWAL TO THE CONTRACT AWARDED BY BROWARD COUNTY, CONTRACT EX07-333M2, MAINTENANCE OF GENERATORS, AND PROVIDING FOR AN EFFECTIVE DATE.

WHEREAS, the Town is in need of generator maintenance services; and WHEREAS, Broward County solicited competitive bids for these services and awarded the contract to All Power Generators Corp. (Contract #EX07-333M2); and

WHEREAS, Broward County renewed this contract with All Power Generators Corp. for a period of one year from March 28, 2010 thru March 27, 2011; and

WHEREAS, after review, the Town Council wishes to accept this contract with All Power Generators Corp for use by the Town of Davie.

NOW, THEREFORE, BE IT RESOLVED BY THE TOWN COUNCIL OF THE TOWN OF DAVIE, FLORIDA.

SECTION 1. The Town Council wishes to accept the one year renewal of the bid awarded by Broward County to All Power Generators Corp. covering the period beginning March 28, 2010 and ending March 27, 2011.

SECTION 2. The Town Council hereby authorizes the expenditure from the operating budgets of each of the using departments.

SECTION 3. This resolution shall take effect immediately upon its passage and adoption.

| PASSED AND ADOPTED THIS _ | DAY OF | , 2010. |
|---------------------------|--------|---------|
|                           |        |         |
|                           |        |         |
|                           | -      |         |

| MAYOR/COUN<br>ATTEST: | NCILMEMBER |         |
|-----------------------|------------|---------|
| TOWN CLERK            |            |         |
| APPROVED THIS         | DAY OF     | . 2010. |

# ALL P WWER GENERATORS CORP.

#### WE SERVICE ALL BRANDS OF GENERATORS

May 5<sup>th</sup>, 2010

Town of Davie 6591 Orange Drive Davie, Florida 33314

Att: Mr. Neil A. Buckeridge

Dear Mr. Buckeridge:

We at All Power Generators Corp. would like to extend our contract agreement with the Town of Davie, as per the Broward County contract # EX07-333M2 for a period of one year beginning March 28, 2010 and ending March 27, 2011.

If you have any questions, please feel free to call our office.

Thank you for your interest in doing business with All Power Generators Corp.

Sincerely,

ALL POWER GENERATORS CORP.

JG/am

9840 N.W. 117 WAY • MEDLEY, FLORIDA 33178 • TEL: (305) 888-0059 • FAX: (305) 888-2090



#### FINANCE AND ADMINISTRATIVE SERVICES DEPARTMENT PURCHASING DIVISION

115 S. Andrews Avenue, Room 212 • Fort Lauderdale, Florida 33301 • 954-357-6065 • FAX 954-357-8535

January 13, 2010

ALL POWER GENERATORS CORP. 9840 NW 117 WAY **MEDLEY, FL 33178** 

Reference: Bid No. EX07333M2

To Pedro Feliciano:

We hereby accept your written offer to renew the above referenced contract.

This renewal is subject to all terms/conditions contained in the original contract. This contract renewal is in effect for the period beginning March 28, 2010 and ending March 27, 2011. This is the last renewal for this contract.

A copy of this notice, is being forwarded to the appropriate User(s). Purchase Order(s) will be placed as and when required.

Thank you for your interest in doing business with Broward County.

Sincerely.

Renewal Letter Form #12 11/30/09

Bid # E X 07 333 M2 DIESEL PROPANE GENERATOR SERVICE (NSM) Agency: Water and Wastewater Operations Division P.A. - Liz Overton Date Advertised: Jan. 15, 2008 Bid Opened: Jan. 29, 2008 Bids Received: 3 Exhibit 1

#### APPROVED BY THE BOARD OF COUNTY COMMISSIONERS MEETING: 3/11/08 AGENDA ITEM NO. 11

|                                                                      | All Power Generators Corp<br>9840 NW 117 Way<br>Medley, FL 33178 | Standby Systems, Inc.<br>700 S. John Rodes Blvd. D-1<br>Melbourne, FL 32904 | JT Packard & Associates, Inc.<br>275 Investment Ct<br>Verona, WI 53593 |
|----------------------------------------------------------------------|------------------------------------------------------------------|-----------------------------------------------------------------------------|------------------------------------------------------------------------|
| Group 1 (Items 1 thru 7)<br>Highway and Bridge                       | \$14,075.00                                                      | \$31,500.00                                                                 | \$30,750.00                                                            |
| Group 2 ( Items 8 thru 69)<br>Water & Wastewater Operations Division | \$410,800.00                                                     | \$638,300.00                                                                | \$648,580.00                                                           |
| Group 3 (Items 70 thru 82)<br>Port Everglades                        | \$24,150.00                                                      | \$39,200.00                                                                 | \$41,600.00                                                            |
| Group 4 (items 83 thru 110)<br>Facilities Maintenance                | \$58,000.00                                                      | \$89,000.00<br>(A)                                                          | \$96,500.00                                                            |
| Group 5 (Items 111 thru 117)<br>Office of Transportation             | \$5,650.00                                                       | \$12,200.00                                                                 | \$12,440.00                                                            |
| Group 6 (Items 118 thru 131)<br>Aviation Department                  | \$41,500.00                                                      | \$61,000.00                                                                 | \$60,910.00                                                            |
| Group 7 (Items 132 thru 135)<br>Traffic Engineering                  | \$2,012.50                                                       | \$3,750.00                                                                  | \$4,020.00                                                             |
| Group 8 (Items 136 thru 139)<br>Integrated Waste Management Division | \$2,175.00                                                       | \$4,300.00                                                                  | \$4,620.00                                                             |
| Group 9 (Items 140 thru 144)<br>Parks & Recreation Division          | \$2,175.00                                                       | \$4,400.00                                                                  | \$4,220.00                                                             |
| GRAND TOTAL (GROUPS 1 THRU 9)                                        | \$560,537.50<br>AWD                                              | \$883,650.00<br>(A)                                                         | \$903,640.00                                                           |
| TWO YEAR TOTAL                                                       | \$1,121,075.00                                                   | \$1,767,300.00                                                              | \$1,807,280.00                                                         |
|                                                                      | AWD                                                              |                                                                             |                                                                        |

(A) Corrections in Additions/ Extensions for bid tabulation purposes

AWD- Recommended for Award (2/4/08)

Prepared by Sue Gabel (Contracts Section) 1/30/08

Current Master Agreements Sorted by Number with Vendor and Commodity Codes Expiring From 04/21/08 And Later

Page 623 of 1309

MA ID # EX07333M2

<u>Document Description</u>
GENERATOR SERVICE/DIESEL & PROPANE

Start Date 4/1/2008

Threshhold 3/27/2010 \$1,681,612.50 Amount Used \$137,563.57

<u>Unit</u>

VL# Vendor# 1 VC0000041619

Legal Name
ALL POWER GENERATORS CORP

 Vendor Contact Name
 Vendor Contact Email

 Juan Garcia
 ALLPWR@BELLSOUTH.NET

End Date

Vendor Ph # 305-888-0059

|   | CC# | Commodity | Commodity Specs            | Qty | Unit | Unit Price | Svc Amt |
|---|-----|-----------|----------------------------|-----|------|------------|---------|
|   | 1   | 94172     | nspections                 | 0   | EA   | 50.0000    | \$0.00  |
| ١ | 2   | 94172     | Repair Service - All Hours | 0   | HR   | 32.5000    | \$0.00  |
| ١ | 3   | 94172     | Parts on a "Pass Thru"     | 0   | l    | 0.0000     | \$0.00  |

## TOWN OF DAVIE PROCUREMENT AUTHORIZATION

| ACCOUNT NUMBER                                               | BUDGET ITEM & DESCRIPTION         | APPROXIMATE COST        |
|--------------------------------------------------------------|-----------------------------------|-------------------------|
| 040-1058-536-0306                                            | Maintenance of Generators         | \$35,000                |
| Other accounts of using of                                   | departments within the Town       |                         |
| METHOD OF PROCURE                                            | MENT (check the one that applies) |                         |
| Open Competitive B X Piggyback on Contro Sole Source or Sing | act Number Broward County EX0733  | <u>1M2</u>              |
| SPECIFICATIONS & LIS                                         | T OF VENDORS MUST BE ATTACH       | ED.                     |
|                                                              | Signed                            | Buc Taylor              |
|                                                              | Have Funds be                     | en Reserved <u>3904</u> |
|                                                              | Date 5/2/10                       | _Signed                 |
|                                                              | Signed                            | wn Administrator        |
|                                                              | BIDS SUBMITTED                    |                         |
| VENI                                                         | DOR                               | COST                    |
| ALL POWER                                                    | GENERATORS                        |                         |
|                                                              |                                   |                         |
|                                                              |                                   |                         |
| <del></del>                                                  |                                   |                         |
|                                                              |                                   |                         |
|                                                              |                                   | ·                       |
|                                                              |                                   |                         |
|                                                              | Signed                            | Huhama                  |
|                                                              | Signeu                            | Procurement Manager     |
|                                                              | SPECIFICATION COMMITTEE'S RE      | COMMENDATION            |
| Vendor                                                       |                                   | PER BROWNED             |
| Are Power                                                    | CANGRATORS                        | COUNTY PRIOS SCHOOL     |

#### PIGGYBACK BID CHECKLIST

|     |                           |                                   |                                                                                                                                                      |                                                              | Co                         | mpleted by |
|-----|---------------------------|-----------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------|----------------------------|------------|
| 1.  | Piggyback of bid awarded  | l by                              | Broward County                                                                                                                                       | У                                                            |                            | NAB        |
| 2.  | Date of award             |                                   | March 28, 2008                                                                                                                                       |                                                              | <u></u>                    | NAB        |
| 3.  | Date of expiration        |                                   | March 27, 2011                                                                                                                                       |                                                              |                            | NAB        |
| 4.  | Date of last renewal      |                                   | March 28, 2010                                                                                                                                       |                                                              |                            | NAB_       |
| 5.  | Copy of bid award attache | ed                                |                                                                                                                                                      | <b>YES</b>                                                   | NO                         | NAB        |
| 6.  | Requested item same as a  | wardeo                            | l item                                                                                                                                               | <u>YES</u>                                                   | NO                         | NAB        |
| 7.  | Approved Procurement A    | uthoriz                           | zation attached                                                                                                                                      | <b>YES</b>                                                   | NO                         | NAB        |
| 8.  | Justification             | This                              | contract is neede                                                                                                                                    | d for the                                                    | repair                     | <u>NAB</u> |
|     |                           |                                   | naintenance of the gency generators.                                                                                                                 |                                                              |                            |            |
| 9.  | Benefit to the Town       | The T                             | Town will benefit                                                                                                                                    | from this                                                    | s con-                     | NAB        |
|     |                           | ensur<br>be in<br>durin<br>that c | by getting the low<br>and reliable servi-<br>te the emergency<br>optimal operating<br>g and after any er<br>could render the T<br>or and thereby una | generator<br>generator<br>genedition<br>mergency<br>own with | rill rs will on event nout |            |
| 10. | Contact information sheet | attach                            | ed                                                                                                                                                   | YES                                                          | <u>NO</u>                  | NAB        |

Form W-9 (Rev. October 2007) Department of the Treasury

### Request for Taxpayer Identification Number and Certification

Give form to the requester. Do not send to the IRS.

|                               | ent of the Treasury                                                                                          |                                                       |                                             |                                                |                          | send to the               | IKS. |
|-------------------------------|--------------------------------------------------------------------------------------------------------------|-------------------------------------------------------|---------------------------------------------|------------------------------------------------|--------------------------|---------------------------|------|
| c,                            | Name (as shown on your is                                                                                    | ncome tax return)                                     |                                             |                                                |                          |                           |      |
| on page                       | Business name, if different                                                                                  | from above  Der G                                     | enero t                                     | rs Car                                         | 6                        |                           |      |
| Print or type<br>Instructions | Check appropriate box: Limited liability compa Cther (see instructions)                                      | ny. Enter the tex classifica                          |                                             |                                                | partnership) >           | Exempt payee              |      |
| 0.0                           | Address (number, street, a                                                                                   | nd apt. or sulte no.)                                 | 117 4                                       | 204                                            | Requester's name         | and address (optional)    |      |
| Specific                      | City, state, and ZIP code                                                                                    | OH FL                                                 | 331                                         | 78                                             |                          |                           |      |
| See                           | List account number(s) her                                                                                   | e (optional)                                          |                                             |                                                |                          |                           |      |
| Part                          | Taxpayer Ide                                                                                                 | ntification Numbe                                     | r (TIN)                                     | į                                              |                          |                           | 1    |
| backur<br>alien, s            | our TIN in the appropriate withholding. For individual sole proprietor, or disregamployer identification nur | uals, this is your social<br>arded entity, see the Pa | security number (S<br>art I instructions on | SN). However, for a r<br>page 3. For other ent | esident<br>lities, it is | security number           |      |
|                               | If the account is in more<br>r to enter.                                                                     | than one name, see th                                 | e chart on page 4 f                         | or guidelines on who                           | se Employ                | yer identification number | 5    |
| Part                          | Certification                                                                                                |                                                       |                                             |                                                |                          |                           |      |
| Under                         | penaities of perjury, I cer                                                                                  | tify that:                                            |                                             |                                                | -                        |                           | -    |

- 1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me), and
- 2. I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that II am no longer subject to backup withholding, and
- 3. I am a U.S. citizen or other U.S. person (defined below).

Certification instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have falled to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the Certification, but you must provide your correct ITIN. See the instructions on page 4.

Sign Here Signature of U.S. person francia

Date ▶

4.18-08

#### General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

#### **Purpose of Form**

A person who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) to report, for example, income paid to you, real estate transactions, mortgage interest you paid, acquisition or abandonment of secured property, cancellation of debt, or contributions you made to an IRA.

Use Form W-9 only if you are a U.S. person (including a resident allen), to provide your correct TIN to the person requesting it (the requester) and, when applicable, to:

- 1. Certify that the TIN you are giving is correct (or you are waiting for a number to be issued),
  - 2. Certify that you are not subject to backup withholding, or
- 3. Claim exemption from backup withholding if you are a U.S. exempt payee. If applicable, you are also certifying that as a U.S. person, your allocable share of any partnership income from a U.S. trade or business is not subject to the withholding tax on foreign partners' share of effectively connected income.

Note. If a requester gives you a form other than Form W-9 to request your TIN, you must use the requester's form if it is substantially similar to this Form W-9.

**Definition of a U.S. person.** For federal tax purposes, you are considered a U.S. person if you are:

- An individual who is a U.S. citizen or U.S. resident alien,
- A partnership, corporation, company, or association created or organized in the United States or under the laws of the United States,
- An estate (other than a foreign estate), or
- A domestic trust (as defined in Regulations section 301.7701-7).

Special rules for partnerships. Partnerships that conduct a trade or business in the United States are generally required to pay a withholding tax on any foreign partners share of income from such business. Further, in certain cases where a Form W-9 has not been received, a partnership is required to presume that a partner is a foreign person, and pay the withholding tax. Therefore, if you are a U.S. person that is a partner in a partnership conducting a trade or business in the United States, provide Form W-9 to the partnership to establish your U.S. status and avoid withholding on your share of partnership income.

The person who gives Form W-9 to the partnership for purposes of establishing its U.S. status and avoiding withholding on its allocable share of net income from the partnership conducting a trade or business in the United States is in the following cases:

The U.S. owner of a disregarded entity and not the entity,

### Town of Davie Vendor/Bidder Disclosure

| Name of Indivi                                                                                               | dual, Firm, or O                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | rganization:                                                                                                               | AllPowe                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | er Generate                                                                                    | or (                    |
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| Address:                                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | U [1] . CU . ()                                                                                | V.                      |
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| FEIN                                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                            | 73 (4)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | 30895                                                                                          |                         |
| State and date                                                                                               | of incorporation                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                            | Florida                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | 2003                                                                                           |                         |
| OWNERSHIP                                                                                                    | DISCLOSURI                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | E AFFIDAVIT                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                |                         |
| business address<br>who directly or<br>the contract or<br>provided for ea                                    | s shall be provide<br>indirectly holds<br>business transact<br>th trustee and ea                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | led for each off<br>five percent (5<br>tion is with a tr<br>ach beneficiary                                                | ficer and director<br>i%) or more of the<br>ust, the full name<br>. All such names                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | the full legal name and each stockhole corporation's stock and address shall and address are a | lder<br>ock.<br>be      |
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| business address who directly or the contract or provided for ea follows (Post C Names, Address Full         | is shall be provided indirectly holds business transact the trustee and earth trustee and earth trustee and Titles of the trustee and trus | led for each off five percent (5 tion is with a tr ach beneficiary are not acceptal f Individual W  Addre                  | Ficer and director (%) or more of the ust, the full name of the ust, the full Lobby:  The will Lobby:  The use of the ust, the ust of the ust | and each stockhol le corporation's sto e and address shall s and address are a                 | lder<br>ock.<br>be<br>s |
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any legal, equitable, or beneficial interest in the contract or business transaction with the Town are as follows (Post Office addresses are not acceptable):

Pull Legal Name

Address

Date: 4 29 08

Signature of Affiant

Print Name

SUBSCRIBED AND SWORN TO or affirmed before me this 29th day of A 0rl 2008, by Retty Goldon he/she is personally known to me or has presented as identification.

Ana Fuentes

Commission #DD467240

Expires: AUG. 30, 2009

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Notary Public, State of Florida at Large

Ana Fuentes

Notary Public, State of Florida at Large

Ana Fuentes

Notary Public, State of Florida at Large

Ana Fuentes

Notary Public, State of Florida at Large

Ana Fuentes

Scommission #DD467240

Serial Number

My Commission Expires: 8-30-09

2. The full legal names and business addresses of any other individual (other than subcontractors, materialmen, suppliers, laborers, and lenders) who have, or will have,



#### **Detail by Entity Name**

#### Florida Profit Corporation

ALL POWER GENERATORS CORP

#### Filing Information

 Document Number
 P01000077189

 FEI/EIN Number
 651130895

 Date Filed
 08/02/2001

 State
 FL

 Status
 ACTIVE

#### **Principal Address**

9840 NW 117TH WAY MEDLEY FL 33178 Changed 01/12/2004

#### **Mailing Address**

9840 NW 117TH WAY MEDLEY FL 33178

Changed 01/12/2004

#### Registered Agent Name & Address

GARCIA, JUAN R 9840 NW 117 WAY MEDLEY FL 33178 US

Address Changed: 12/12/2007

#### Officer/Director Detail

Name & Address

Title PD

GARCIA, JUAN R 9840 NW 117 WAY MEDLEY FL 33178

Title PD

GARCIA, RICARDO 8480 SW 32 TERR MIAMI FL 33155 US

#### **Annual Reports**

Report Year Filed Date

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